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TO: Examiner, Astorno, Michael C.

FROM: Michael K. O'Neill

RE: U.S. Application No. 09/867,614
 Attorney Docket No. 03560-002820

FAX NO.: (703) 872-9306

DATE: March 30, 2005 **NO. OF PAGES:** 15
(including cover page)

TIME: 4:40 **SENT BY:** Gina Marie

MESSAGE

Attached are the following papers for the above-identified application:

1. Amendment, and
2. Transmittal for Amendment

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03560.002820.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Astorino, Michael C.
YUKO TAMAKI, ET AL.)
: Group Art Unit: 3736
Application No.: 09/867,614)
:
Filed: May 31, 2001)
:
For: BODY TEMPERATURE)
MANAGING METHOD AND)
DEVICE, STORAGE)
MEDIUM, BODY)
TEMPERATURE MANAGING)
SYSTEM, AND PROGRAM : March 30, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated March 1, 2005, please amend the
above-identified application, as follows:

Certificate of Transmission

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March 30, 2005

Date

Signature

Michael K. O'Neill
Name of person signing certificate

In re Application of:

YUKO TAMAKI, ET AL.

Application No.: 09/867,614

Filed: May 31, 2001

For: BODY TEMPERATURE MANAGING METHOD AND
DEVICE, STORAGE MEDIUM, BODY TEMPERATURE
MANAGING SYSTEM, AND PROGRAM

Docket No.

03560.002820.

Examiner: Astorino, Michael C.

Group Art Unit: 3736

Date: March 30, 2005

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20	MINUS	100	= 0	x \$25 \$50	\$0.00
INDEP. CLAIMS	9	MINUS	28	= 0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180°/\$360						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael K. O'Neill
Attorney for Applicants
Registration No.: 32,622

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